



Needham Public Health Department

1471 Highland Avenue, Needham, MA 02492 781-455-7500 ext. 511
www.needhamma.gov/health 781-455-0892 (fax)



HOTEL PERMIT APPLICATION.

Please print clearly or type the information requested below. Submit a completed application including processing fee to the address above. The hotel's name and owner's name must be the same as recorded on the business license. You must also notify Public Health of a change of ownership.

Check one

☐

New Hotel

☐

Permit Renewal

☐

Name Change

☐

Change of Owner

Hotel Name	Phone #
Address	Fax #
City State	Zip Code
Corporate Name	Phone #
Mailing Address (if different)	Fax #
City State	Zip Code

Ownership Information (check one) List principals of business below.

☐

Proprietorship

☐

Corporation

☐

Partnership

☐

Other (Specify)

Owners Name	Title	Phone
Address		Fax #
City	State	Zip Code
Owners Name	Title	Phone
Address		Fax #
City	State	Zip Code
Owners Name	Title	Phone
Address		Fax #
City	State	Zip Code

Number of Rooms: _____

Is there a restaurant in the hotel? ____ Yes ____ No

Is there a swimming pool or hot tub in the hotel? ____ Yes ____ No

By signing this statement you attest to the accuracy of the information provided in the application.

Principal's Signature & Title

Date